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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 2845

First Named Inventor Susan Flappan

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MOLD DETECTION KIT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name  
Michael Yakimo, Jr.  
Chase Law Firm, L.C.

Address  
4400 College Boulevard, Suite 130

City Overland Park State Kansas ZIP 66211

Country U.S.A. Telephone 913-339-9666 Fax 913-339-6061

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name Susan Family Name Flappan  
(first and middle [if any]) or Surname

Inventor's Signature *Susan Flappan* Date 1-28-02

Residence: City Overland Park State Kansas Country USA Citizenship USA

Mailing Address  
11020 West 122nd Street

City Overland Park State Kansas ZIP 66213 Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Family Name  
(first and middle [if any]) or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Susan Flappan
Title	MOLD DETECTION KIT
Group Art Unit	
Examiner Name	
Attorney Docket Number	2845

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
D. A. N. Chase	20,682
Michael Yakimo, Jr.	28,549
Ginnie C. Derusseau	35,855
James J. Kernell	42,720

Sean T. Bradley

46,572

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

☒ Practitioners at Customer Number

OR

☒ Firm or  
Individual Name

Address	Chase Law Firm, L.C.				
Address	4400 College Boulevard, Suite 130				
City	Overland Park	State	Kansas	Zip	66211
Country	United States of America				
Telephone	913-339-9666	Fax	913-339-6061		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Susan Flappan

Signature

Date

1-28-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.